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**MONTANA
STATE PLAN
for
REHABILITATION
FACILITIES
AND
WORKSHOPS**

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STATE OF MONTANA - DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
STATE PLAN FOR REHABILITATION FACILITIES AND WORKSHOPS

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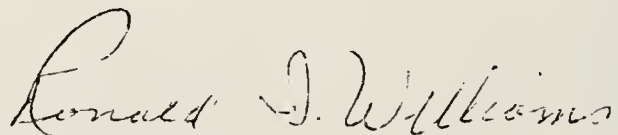
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STATE OF MONTANA - DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
STATE PLAN FOR REHABILITATION FACILITIES AND WORKSHOPS

F O R W A R D

This Facilities and Workshop Plan for the Vocational Rehabilitation Division of the State of Montana is to be a public document intended to influence and guide new construction as well as for improvement and greater utilization of existing rehabilitation facilities. Further, it is intended to serve as an effective tool for provision and maintenance of high quality rehabilitation services for all segments of the population of the State of Montana. This plan, which is to be continued and implemented over a period of ten years, will be submitted to the Regional Office of the Vocational Rehabilitation Administration and to the Vocational Rehabilitation Association, Washington, D. C., on the first day of July of each of those years for review and assessment as to further implementation and continuation.



Ronald I. Williams
Rehabilitation Facilities Specialist
Division of Vocational Rehabilitation
507 Power Block
Helena, Montana 59601

PURPOSE

The State Rehabilitation Facilities and Workshop Plan is established by the legal authority existing in the Division of Vocational Rehabilitation for the State of Montana. The standards, definitions, organization, administration, services, staff, reports and records pertaining to Rehabilitation Facilities and Workshops are explained in the Vocational Rehabilitation Act, Public Law 89-333 and V.R.A. Form 67-199. The Rules and Regulations regarding Rehabilitation Facilities and Workshops Grant and Assistance may be found in the Federal Register, Volume 31 - Number 9, Part II - Revision of Regulations, Department of Health, Education and Welfare and the Division of Vocational Rehabilitation, Parts 401, 402, 403, and 406. This State Plan for Rehabilitation Facilities and Workshops with all of its implications in the State of Montana is also in accordance with Sections 5, 16, 22, and 23 of the Division of Vocational Rehabilitation State Plan dealing with Statement of Compliance under Title VI of the Civil Rights Act of 1964. It is intended that through the assistance of the Advisory Committee, an annual modification of this plan will be submitted on a continuation basis. In addition, the Advisory Committee will be utilized for the purpose of initiating a priority list of facilities and workshops which would best serve the handicapped within the State of Montana.

BACKGROUND OF PLANNING

On June 1, 1967, The Division of Vocational Rehabilitation of the State of Montana appointed a staff person to make an initial determination of the State's needs for rehabilitation facilities and workshops, and to provide a continuing program for the realistic assessment of the State's needs and for the establishment, construction, utilization, development and improvement of rehabilitation facilities and workshops. The planning process was set up in four phases as follows:

- Phase I - Preparatory Activities
- Phase II - Inventory and Review of Utilization of Rehabilitation Facilities
- Phase III - Determination of Needs
- Phase IV - Continuing Activities

Phase I - The basic activities here consisted of the appointment of an advisory committee to assist in the formation of the facilities and workshop plan. This committee, in coordination with the Comprehensive Statewide Planning Committee, also assisted in dividing the State into the respective planning areas.

Phase II - The Inventory and Review of Utilization of Rehabilitation Facilities consisted of three basic steps: (a) the acquisition of information pertaining to the handicapped clients of the Division of Vocational Rehabilitation within the State; (b) the statistical tabulation of this information; (c) the thorough study and analysis of this information.

Phase III - Determination of Needs was accomplished by a review of the inventory data as well as other available studies and information pertaining to the total need for facilities and workshops in each of the planning areas.

Phase III (Continued) - Priorities are established for immediate needs as well as for long-range planning.

Phase IV - This is the continuing process of our Advisory Committee serving in a capacity which will enable them to implement and recommend various provisions for facilities and workshops throughout the State. This committee will continue to update, revise, and coordinate all the efforts of the various facilities and workshops within the State.

ADVISORY COMMITTEE ON REHABILITATION FACILITIES AND WORKSHOPS

The Advisory Committee is composed of seventeen lay and professional leaders who have a common interest in the field of rehabilitation. An attempt was made to get a representative distribution of these seventeen people from throughout the State. Therefore, the members were selected by regions, with a minimum of two representatives from each region. The general duties of the Committee are:

1. To identify and study the problems of rehabilitation facilities and workshops within the State.
2. To evaluate all pertinent facilities within the State, then to make recommendations for a long-range program for rehabilitation facilities and workshops.
3. To initiate a long-range plan for facilities and workshops within the State.
4. To assist in long-range planning for rehabilitation facilities through study of the problems; resources and services; and, subsequently, setting forth a priority for facilities and workshops within the State.
5. To work closely with Statewide Planning for Rehabilitation so that there may be unity within the two surveys.

The members of the Advisory Committee on Rehabilitation Facilities and Workshops are listed below:

Ronald I. Williams, Facilities Specialist
Division of Vocational Rehabilitation
507 Power Block
Helena, Montana 59601

Sharon Cromeenes, Workshop and Facilities Specialist
Division of Blind Services
Department of Public Welfare
10th and North Ewing
Helena, Montana 59601

T. J. Witham, Project Director
Statewide Planning Project for Vocational Rehabilitation
Room 517 - Power Block
Helena, Montana 59601

I. Wayne Eveland, Chairman
7 Edwards Street
Helena, Montana 59601

Dr. Sid Pratt, Chairman
Department of Health
Cogswell Building
Helena, Montana 59601

District 1: Bill McClaren, Dean of Students
Flathead Valley Community College
Kalispell, Montana 59901

Mrs. H. W. Stoutenberg, Chairman of Board & President
Missoula Crippled Children & Adult Rehabilitation Center
Missoula, Montana 59801

District 2: Dr. W. L. Findley, Director of Special Education
Great Falls School System
Great Falls, Montana 59401

Mr. Ed Stocking
Director of Easter Seal Rehabilitation Center
Great Falls, Montana 59401

Lada J. Kafka, Senator and Rancher
Hill County
Havre, Montana 59501

District 3: *Mr. Robert Kissell*
 Director of Butte Sheltered Workshop
 Butte, Montana 59701

Mr. Russ Steen, Administrator
Shodair Crippled Children's Hospital
Helena, Montana 59601

District 4: *Mr. Tony Persha, President*
 Montana Association for the Blind
 Red Lodge, Montana 59068

Mrs. Elizabeth O'Donnell
Director of Special Education
Billings School System
Billings, Montana 59101

Dr. Robert Holmes, Chaplain
Rocky Mountain College
Billings, Montana 59101

District 5: *Mrs. Edith Huntzicker, Director*
 Department of Public Welfare
 Miles City, Montana 59301

Mrs. David Gregory
601 2nd Avenue North
Glasgow, Montana 59230

DESCRIPTION OF PLANNING RELATIONSHIPS WITH OTHER AGENCIES

The modern concept of rehabilitation is one that recognizes the utilization of many health and social service disciplines. To successfully rehabilitate an individual, the team technique, as it might be termed, has to be initiated. Planning for rehabilitation, therefore, must involve many integral elements. The very nature of rehabilitation is one of utilization of many and varied resources to enable total and successful rehabilitation. A planning project must be carried out with this cooperative principle in mind.

The Statewide Planning for Facilities and Workshops Program has been one of careful and close cooperation of all the many agencies in the field of rehabilitation. Information has been offered, received and utilized from such seemingly unrelated sources as mental retardation surveys, mental health surveys and surveys conducted by Statewide Planning for Rehabilitation. This plan has been developed under the very closest cooperation with all health and social service agencies within the State.

Statewide Planning for Rehabilitation has also assisted in the development of a better relationship between the Division of Vocational Rehabilitation and all of the above mentioned agencies. Finally, Statewide Planning for Rehabilitation has served as a sounding board for many agency heads and personnel, and as a result of their catharsis, has enabled this planner to better evaluate needs in the area of facilities and workshops, and to initiate a stronger working foundation from which this plan has grown.

DESCRIPTION OF THE DIVISION OF THE STATE INTO PLANNING AREAS

The 1960 census indicates that the State of Montana has a total population of 675,000 people within an area of 147,138 square miles for a population density of 4.6 people per square mile compared to the national average of 50 people per square mile. A concept of the size of Montana can be gained by noting that its land area is greater than that of the New England States of New York, New Jersey, Maryland, and Delaware combined. The length of Montana is about 550 miles east to west, and 325 miles north to south. Montana's population increased 14.2% from 1950 to 1960. This exceeds the rate of growth of the neighboring states of Idaho, Wyoming, North Dakota, and South Dakota. However, the increase has not kept pace with the national average of 18.5%.

Population statistics indicate that the only feasible planning that can be done throughout the State of Montana must be on a regional basis. Therefore, after careful scrutiny of previous planning in other fields that has been initiated in the State, the same regions were used as were used in the Statewide Planning for Mental Health and Mental Retardation as well as the Comprehensive Statewide Planning for Vocational Rehabilitation Services. There is an obvious advantage here in that these are related areas of study. With this in mind, the following districts have been initiated.

District No. 1, in the northwest, is made up of the counties of Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, and Ravalli. This region is bounded on the north by Canada, on the west and on the south by Idaho, and on the east is limited by a principal range of mountains. There is a population

*Description of the Division of the
State Into Planning Areas*

in District No. 1 of 125,527 people in an area of 19,374 square miles for a population density of 6.4 people per square mile.

District No. 2, in central Montana, is made up of the counties of Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Choteau, Cascade, and Judith Basin. This area is bounded on the north by Canada; and west, south, and east by natural barriers. In addition, this region is primarily devised in this manner because of other common factors among the people within this region such as farming. This region has a population of 147,636 people and an area of 25,952 square miles with a population density of 5.7 people per square mile.

District No. 3, in the southwest, is made up of the counties of Lewis and Clark, Granite, Powell, Meagher, Broadwater, Jefferson, Deer Lodge, Silver Bow, Beaverhead, Madison and Gallatin. This region is bounded on the south by Idaho; and on the north, east and west by natural barriers and it is also an area of common factors. This area has a population of 151,283 in an area of 25,736 miles. It has a population density of 5.8 people per square mile.

District No. 4, in central Montana, includes the counties of Fergus, Petroleum, Musselshell, Golden Valley, Wheatland, Park, Sweet Grass, Stillwater, Yellowstone, Big Horn, Treasure and Carbon. This district, bound on the south by Wyoming; on the north, east and west by natural barriers, has farming and trade in common. This region, as of the 1960 census, had the largest city in the State, Billings, with a population of 79,016. Presently

*Description of the Division of the
State Into Planning Areas*

in District No. 4, there is a population of 144,698 people in an area of 27,372 square miles and a population density of 5.4 people per square mile.

District No. 5, in the southeast, includes the counties of Phillips, Valley, Daniels, Sheridan, Roosevelt, McCone, Richland, Garfield, Dawson, Prairie, Wibaux, Rosebud, Custer, Fallon, Powder River and Carter. This district is bounded on the north by Canada, on the east by North Dakota and South Dakota, on the south by Wyoming, and on the west by vast expanses of prairie. This is, by far, the least populated area in the State of Montana, with travel and transportation a major factor in any rehabilitative process. There is a population in District No. 5 of 105,576 people living on 46,973 square miles. It has a population density of 2.2 people per square mile.

The entire State of Montana is served by thirteen rehabilitative counselors for the Division of Vocational Rehabilitation. District No. 1 has two counselors serving 125,527 people in 19,374 square miles; thus, each counselor is responsible for 9,687 square miles and 62,763 people. District No. 2 has three counselors serving a population of 139,545 people in 21,684 square miles. Each counselor has 7,228 square miles and 42,444 people within it. District No. 3, with three counselors, has a population of 151,284 people in 26,279 miles. Each counselor is responsible for 8,760 square miles in a population of 50,428 persons. District No. 4 has a population density of 143,351 people in 26,388 square miles. Each of the three counselors is responsible for 8,796 square miles in a population of 44,443 people.

*Description of the Division of the
State Into Planning Areas*

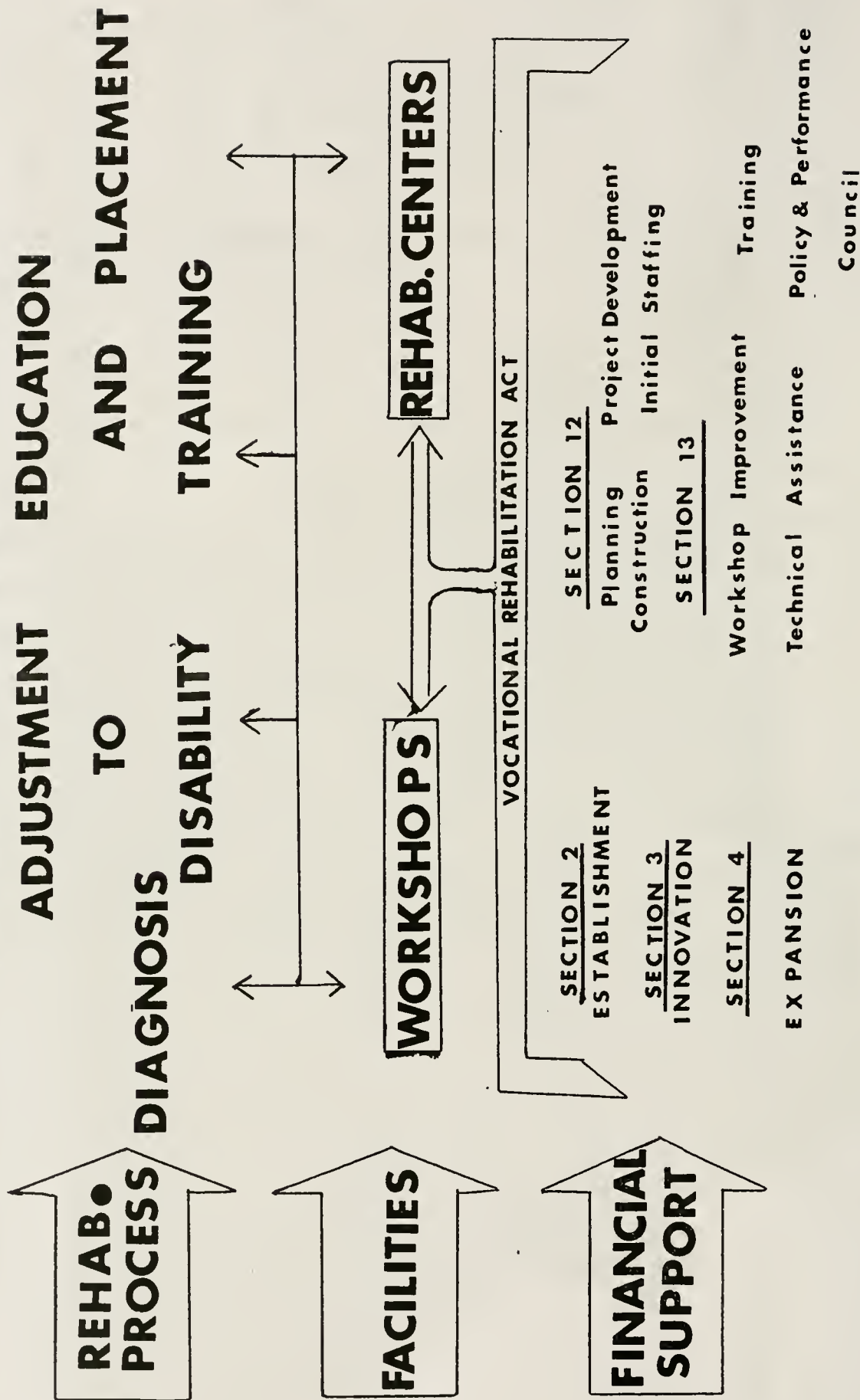
District No. 5 is presently served by two counselors with a population of 34,442 people in 115,012 square miles. It is easy to see from these facts that because our State is very large, our counselors have a great responsibility in serving not only a great number of people within the State, but in having to travel extraordinary distances within it. It is worth noting here that there are several areas in the State that can best be served by rehabilitation facilities and workshops which exist in neighboring states. For instance, it is much easier for many of our clients who reside in District No. 1 to travel 200 to 300 miles to receive service in some of the many fine facilities in the State of Washington. District No. 3, on occasion, can serve some of our people in the rehabilitation facilities in Boise, Idaho. Other than that, our State has to utilize all available resources it has at its disposal. It is this planner's feeling in planning for facilities within the State of Montana that our state boundaries should not serve as definite barriers for initiation of services, and perhaps we should look to the possibility of large regional facilities to serve the whole regional operation of social and rehabilitation services.

The study, it is hoped, will indicate into which of these regions the most feasible facility should go to serve the people of the State of Montana, and then to indicate a priority for initiation of these facilities and workshops. It is with this venture in mind that this planning study has been initiated.

A map of Montana showing its counties and major cities. The map is divided into three regions: Region 1 (top, stippled), Region 2 (middle, diagonal lines), and Region 3 (bottom, cross-hatched). Region 1 includes counties like Daniels, Phillips, Blaine, and others. Region 2 includes counties like Glacier, Teton, and others. Region 3 includes counties like Yellowstone, Gallatin, and others. Major cities like Helena, Bozeman, and Butte are marked with dots. The word 'MONTANA' is written vertically on the right side.

NARRATIVE INTERPRETATION
OF ORGANIZATIONAL CHART

The chart on the following page shows the presently existing rehabilitation plan in the Division of Vocational Rehabilitation. The plan provides for rehabilitation of accepted clients by means of diagnosis followed by assistance in their adjustment to the disability by means of education, training, physical restoration, and suitable job placement. The function of rehabilitation facilities and workshop planning then is to bring into focus the great need for services to our many clients; to initiate projects which will enable the education, training and adjustment to disabilities for the client in various facilities; and to make certain that our facilities are staffed with competent personnel who are professionally trained in their fields of physical therapy, speech therapy, occupational therapy, counseling, psychology, pre-vocational evaluation and work adjustment. Financial support for workshops and facilities has been greatly enhanced by the Vocational Rehabilitation Act of 1965. This Act is indicative of the type of assistance that can be rendered to Vocational Rehabilitation in the facilities and workshops throughout the State.



DEPARTMENT OF HEALTH, EDUCATION & WELFARE
Vocational Rehabilitation Administration
Washington, D. C. 20201

State Agency

AREA #1	Location		Name of Facility	Sponsorship of program	Sponsors interest in Property	Disability Groups Served	Services	No. of clients served last yr.	VR Referrals last year	Avg. Daily Caseload	Daily Caseload Capacity	No Waiting Services
	City or Town	County										
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7
	Missoula	Missoula	Msla. Crippled Children's Treat. Center	F	B	300;314;330; 336;392;404; 409	C, D, L	9	3	?	?	3
	Missoula	Missoula	Speech & Hearing Clinic	D	C	680;200;220;682; 685;689	H, E	19	3			2
	"	"	Mental Hygiene Clinic	D	C	500;522-530;532; 534	G, H, J	8				
	"	"	Opportunity School	F	C	300;530;532;534	J, K	1	1			
	"	"	Testing & Counseling Center	D	C	200;220;300;314; 330;336;334;392; 404;409;500;522; 680;682;685;689	I, K	3	1			
	"	"	Msla. Child Development Center	B		300;530;532;534	G, H	7	3			1

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AREA #3	Location		Name of Facility	Sponsorship of program	Sponsors interest in Property	Disability Groups Served	Services	No. of clients served last yr.	VR Referrals last year	Avg. Daily Caseload	Daily Caseload Capacity	No Waiting Services
	City or Town	County										
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7
	Boulder	Jefferson	Boulder River School	C	A	530; 332; 534	A, C, E, F, G, H, I, J, K, L, M, N, J, K	53				
	Butte	Silver Bow	Butte Sheltered Workshop	F	A	532; 300; 532; 534		1				
	Helena	Lewis & Clark	Speech & Hearing - St. Board of Health	D	A	220	A, D, F	5				
	Warm Sprgs	Deer Lodge	Montana State Hospital	D	A	500; 522	A, D, F, G, H	18	81			14
	"	"	Alcoholic Serv. Center			500; 522	A, D, F, G, H	8	16			4
	Helena	Lewis & Clark	Shodair Hosp.	H	A	300; 314; 404; 409; 680; 682; 685; 689; 520	A, B, C, E, F	1				

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MONTANA

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State Workshops and Rehabilitation
Facilities Plan
INVENTORY
Form I

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State Agency MONTANA

AREA #5	Location		Name of Facility	Sponsorship of program	Sponsors interest in Property	Disability Groups Served	Services	No. of clients served last yr.	VR Referrals Last Year	Avg. Daily Caseload	Daily Caseload	Capacity	No Waiting Services
	City or Town	County											
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7	
			NONE										

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State Workshops and Rehabilitation
Facilities Plan
INVENTORY
Form I

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Vocational Rehabilitation Administration
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State Agency MONTANA

OUT-OF-STATE REHABILITATION FACILITIES	Location		Name of Facility	Sponsorship of program	Sponsors Interest in Property	Disability Groups Served	Services	No. of clients served last yr.	VR Referrals Last Year	Avg. Daily Caseload	Daily Caseload	Capacity	No Waiting Services
	City or Town	County											
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7	7
Colorado	Denver		Jewish Hosp.					1					
California	Los Angeles		Cedar of Lebanon Hosp.					1					
California	Los Angeles		Rancho Los Amigos					1					
W. Virginia	Fischerville		Woodrow Wil- son Rehab. Center					1					

State Workshops and Rehabilitation
Facilities Plan
INVENTORY
Form I

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Vocational Rehabilitation Administration
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State Agency MONTANA

OUT-OF-STATE WORKSHOPS	Location		Name of Facility	Sponsorship of program	Sponsors Interest in Property	Disability Groups Served	Services	No. of clients served last yr.	VR Referrals Last Year	Avg. Daily Caseload	Daily Caseload	Capacity	No Waiting Services
	City or Town	County											
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7	
Washington	Spokane		Goodwill Indus.					46					
Washington	Tacoma		" "					8					
Colorado	Denver		Goodwill Indus.					6					
Washington	Seattle		" "					3					
Oregon	Portland		" "					1					
Minnesota	Minneapolis		Outreach Int'l					1					
Minnesota	Minneapolis		Opportunity Workshop, Inc					1					

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
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Planning Areas	Population	Total No. of Clients	Receiving Workshop Services	Waiting for Workshop Services	Workshop Employment	Waiting Placement	Receiving PM Services	Waiting for PM Services
1	2	3	4	5	6	7	8	9
DISTRICT #1: Lincoln Flathead Sanders Lake Mineral Missoula Ravalli	125,527	448	47	6	6	5	6	2

State Workshops and Rehabilitation
Facilities Plan
State Agency Utilization Summary
Form II

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Washington, D. C. 20201

State Agency MONTANA

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Planning Areas	Population	Total No. of Clients	Receiving Workshop Services	Waiting for Workshop Services	Workshop Employment	Waiting Placement	Receiving RF Services	Waiting for RF Services
1	2	3	4	5	6	7	8	9
<u>DISTRICT #2:</u> Glacier Toole Liberty Hill Blaine Pondera Teton Choteau Cascade Judith Basin	147,636	604	11	0	7	3	3	1

State Workshops and Rehabilitation
Facilities Plan
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Planning Areas	Population	Total No. of Clients	Receiving Workshop Services	Waiting for Workshop Services	Workshop Employment	Waiting Placement	Receiving RF Services	Waiting for RF Services
1	2	3	4	5	6	7	8	9
DISTRICT #3: Lewis & Clark Granite Powell Meagher Broadwater Jefferson Deer Lodge Silver Bow Beaverhead Madison Gallatin	151,283	439	86	18	14	6	18	3

State Workshops and Rehabilitation
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Planning Areas	Population	Total No. of Clients	Receiving Workshop Services	Waiting for Workshop Services	Workshop Employment	Waiting Placement	Receiving RF Services	Waiting for RF Services
1	2	3	4	5	6	7	8	9
DISTRICT #4: Fergus Petroleum Musselshell Golden Valley Wheatland Park Sweet Grass Stillwater Yellowstone Big Horn Carbon Treasure	144,698	582	21	8	4	0	10	3

State Workshops and Rehabilitation
Facilities Plan
State Agency Utilization Summary
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Planning Areas	Population	Total No. of Clients	Receiving Workshop Services	Waiting for Workshop Services	Workshop Employment	Waiting Placement	Receiving RF Services	Waiting for RF Services
1	2	3	4	5	6	7	8	9
DISTRICT #5:	105,576	182	0	0	0	0	4	1
Phillips								
Daniels								
Sheridan								
Roosevelt								
McCone								
Richland								
Garfield								
Dawson								
Prairie								
Wibaux								
Rosebud								
Custer								
Fallon								
Powder River								
Carter								
Valley								

SURVEY OF EXISTING FACILITIES

In the following pages each of the existing facilities within the State that either are used presently or could be utilized by the Division of Vocational Rehabilitation for the particular services they offer are described and evaluated, with recommendations made when it is felt appropriate.

MISSOULA CRIPPLED CHILDREN TREATMENT CENTER

MISSOULA, MONTANA

(Area 1)

The services at the Missoula Crippled Children's Center are just adequate for what is presently required. It is felt, however, that our agency could better utilize this facility than it has in the past once it is housed in better, more functional quarters.

This facility is, at the present time, staffed with qualified personnel who do an excellent job in their limited environment and with the present clientele. It is my feeling that once the facility is expanded, additional staff will be needed.

The physical plant that houses this center is in poor condition. Located in the basement of a hospital, its main duty is to serve as a miniature rehabilitation center. The space allotted for related duties and functions is far from adequate. Until such time as this physical plant has been improved and expanded, it is difficult to ascertain projected possibilities in the use of this facility.

The equipment within this facility is adequate at this time. Because of the limited size of the facility, additional or more modern equipment would only hamper productive activity. The people on the staff do an adequate job with the equipment they have, but it is imperative that this facility be expanded and, at that time, additional staff and equipment added.

There is no question of the necessity for expansion of this facility. The Board governing the Missoula Crippled Children's Center has already

*Missoula Crippled Children's
Treatment Center*

initiated steps to construct a new facility of this nature, expanding it greatly, adding staff as well as equipment to have a modern rehabilitation treatment center environment. This move is heartily recommended by this report. However, it is my feeling that although the initial expansion is toward a treatment center, this type of facility can soon lead to one of a much larger rehabilitation center which is badly needed in this section of the State.

SPEECH AND HEARING CLINIC

UNIVERSITY OF MONTANA

MISSOULA, MONTANA

(Area 1)

This agency provides diagnostic and treatment services in the field of speech and audiology. Perhaps the finest of its kind within the State, it has provided a high quality of service to our operation both in diagnostic and in treatment phases. The Clinic, although small in physical size, has all of the latest equipment and is currently up-to-date within its field, and perhaps is the best equipped speech and hearing clinic in this part of the country. Finally, the staff, under the very capable direction of Dr. Charles Parker, is considered the finest in this State. There is no recommendation that I can make that would improve this area.

The physical structure that houses the Speech and Hearing Clinic, however, is far from adequate. It is my recommendation that steps be made not only to relocate the Speech and Hearing Clinic to an area within the city more easily accessible to the handicapped, but also to expand it so that there is enough room to provide the necessary treatment for the subsequent increase in patients.

It is my feeling that our agency should be very supportive to this particular facility and should assist it as much as we possibly can. The only recommendation that seems feasible at this time is a new physical plant that would increase greatly the effectiveness of this facility and would provide for future increases in the number of cases to be handled.

MISSOULA MENTAL HYGIENE CLINIC

MISSOULA, MONTANA

(Area 1)

The services provided by this agency are primarily diagnostic and treatment. It is called upon by our agency quite often since it fulfills a need that is obviously necessary in our work.

This agency, however, is grossly understaffed, primarily in the area of psychiatric treatment, having but one psychiatrist and several psychiatric social workers. The staff is barely able to keep up with their current clientele much less handle any additional diagnostic or treatment problems.

The plant is on the campus of the University of Montana, and it is because of its location, as well as the previously mentioned factors that it has a caseload far in excess of what can be appropriately handled. It is of interest to note that this clinic has the necessary equipment to function adequately. There seems to be no particular problem in this area.

This clinic, then, is performing as well as it can with the staffing it has available. It has been recommended by the Mental Health Survey that additional staff in the area of mental health be added. It is certainly my feeling that this is necessary and as soon as an increase in staff can be initiated, this agency will be able to function at a much greater level of competency.

OPPORTUNITY SCHOOL AND WORKSHOP

MISSOULA, MONTANA

(Area 1)

The services provided by this school are in the area of special education and training for the mentally retarded of Missoula County. In this regard, it does an excellent job.

The staff itself though is in a constant state of flux, consistently changing, never very stable for extensive periods of time. The reason for this seems to arise from the lack of agreement on a philosophy of treatment between the staff and the board that governs it. It appears to me that the major concern with the board and the staffing is more or less to provide a sheltered environment for the students who attend this school.

This facility is housed in what appears to be a fairly adequate plant. It is old, but in good repair, and the board has taken special pains to make it as adequate as possible. It has the equipment that is necessary to do the job that is recommended as necessary by its board.

This facility and the services given therein are primarily of a sheltered nature. It is not vocationally oriented nor is it particularly intended to be. The governing board does not want assistance from this agency in any of the special areas where assistance can be rendered. The board does not want to adopt a rehabilitation philosophy that includes training, work evaluation and placement. They do not want their people to be subjected to the ordinary

Opportunity School & Workshop

world of work as we see it. Our agency, at times, has attempted to assist this group but to no avail. There is nothing that we can do to assist them until their board makes a decision to change the direction of their ideas on function. At the present time, our agency does not utilize this facility to its fullest extent, and probably never will because of the vast difference in philosophy between the Division of Vocational Rehabilitation and the Opportunity School and Workshop.

TESTING AND COUNSELING CENTER
UNIVERSITY OF MONTANA - SCHOOL OF EDUCATION
MISSOULA, MONTANA
(Area 1)

The services provided by this facility are primarily diagnostic, both psychological and vocational. In this regard, it performs excellently; because of this, it has been used quite extensively through the years by our agency.

The Center is staffed with competent personnel. Both the professional staff members and the graduate students, who do a great deal of the work, conduct an excellent facility.

The physical location and equipment necessary to carry on a testing and counseling program are of the highest quality, and there is no real problem in this area.

In the area of diagnosis, this facility does perhaps as fine a job as is necessary. It is the Advisory Committee's feelings that a more realistic view of some of our vocational problems could be extrapolated from the staff, but this is impossible until they are able to adopt a more realistic philosophy of rehabilitation. Because of the proximity of the unit to the University, the position of the staff in the rehabilitative world is usually still academic and theoretical. Through experience with life on the real level, some practical conclusions and measures could be considered.

*MISSOULA CHILD DEVELOPMENT CENTER**MISSOULA, MONTANA**(Area 1)*

This facility came into being as a result of the mental retardation study. It is primarily a diagnostic center for mentally retarded in Western Montana.

Staffed by a team consisting of a physician, a psychologist, a psychiatric social worker, public health nurse, vocational rehabilitation counselor, and several others, this concept of diagnostic centers is an excellent one and does a very worthwhile and competent job. It has all the necessary equipment and is housed in a new building. In short, everything seems adequate.

This writer considers the Center and the philosophy behind it to be exactly what our agency needs. Its obvious drawback is that it is presently inundated with referrals, and constantly runs from six to eight months behind. It would be my recommendation to increase the staff so that this facility could operate at a much closer proximity to the amount of referrals, and be more current. Our agency has not been able to use this as much as we would have liked. Perhaps as these development centers increase throughout the State, and it is our recommendation that they be increased, this center, as well as the others, will be very beneficial to us.

EASTER SEAL REHABILITATION CENTER

GREAT FALLS, MONTANA

(Area 2)

The services provided by this agency are primarily that of treatment for the physically handicapped, as well as special education for the mentally retarded and physically handicapped. The services that are provided are very competently performed. There could be a great increase in the type of services made available, but the increase in services cannot be done without the necessary cooperation of this and other agencies of this nature.

This facility is adequately staffed at the present time with a speech therapist, a physical therapist, and three special education instructors. From all appearances, they have done an excellent job.

The physical plant is a large, beautiful complex which easily houses this rehabilitation facility. It is laid out in such a manner as to serve the needs of the handicapped and could easily be expanded into a more comprehensive treatment center. This facility has perhaps the most up-to-date equipment that is necessary to perform the functions now being done. The Center also could be expanded into a more comprehensive type unit. It is my judgment that here is a physical plant and staff that could easily do the job of a comprehensive rehabilitation center or a work evaluation unit. Consequently, it is my recommendation that our agency work very closely with this rehabilitation center in order to attempt to establish a facility that can use the types of treatment, diagnostic or otherwise, that we greatly need. Region 2, I am certain,

Ruster Seal Rehabilitation Center

can support a much more comprehensive unit, and it is my hope that the services provided by this Center can be expanded to take care of most of the vocational rehabilitation problems within Region 2.

MONTANA STATE SCHOOL FOR THE DEAF AND BLIND

GREAT FALLS, MONTANA

(Area 2)

The services provided by this facility are diagnostic as well as guidance training. It is our State's only school for the deaf and blind.

This school is staffed by specially trained and educated teachers in the area of deaf and blind, who do an excellent job in their education of the young men and women.

The physical plant itself has the appearance of not having been remodeled or improved in any way for many years. It is my recommendation that something be done both with the plant and the equipment therein. On observing the equipment used for vocational training for the young men, it appears to me that it is wholly and sadly inadequate. The equipment that they have is worn out or obsolete, and the only value that could be received from the utilization of it would be the training of these young men and women for jobs that no longer exist.

In any planning situation, a careful look has to be given this institution. Neither the deaf nor the blind residents have available the equipment or the vocational teachers to ever prepare them properly for entrance into a field of work. Our agency, with the cooperation of the Montana School for the Deaf, is attempting to get the necessary vocational training for them. This effort, of course, is showing some success, but it is imperative that this program be expanded and that the equipment, especially for the vocational training of

*Montana State School
For The Deaf and Blind*

these young people, be updated. I am certain our agency can be of some assistance in improvements of that nature.

HEART AND DIAGNOSTIC AND EVALUATION CENTER

GREAT FALLS, MONTANA

(Area 2)

The services provided by this Center are excellent and a very worthwhile job is being accomplished.

It is staffed by the most competent staff in that area with the most modern equipment necessary.

This facility, primarily a diagnostic one, has done an excellent job with our clients. In addition, this Center has ideal working relations with some of the larger hospitals who do cardiac surgery, a situation which tends to make our job a much easier one. From all observations, it seems most probable that this Center will expand and improve of its own accord to keep pace with the times.

*BOULDER RIVER SCHOOL**BOULDER, MONTANA**(Area 3)*

Boulder River School is primarily a school for the mentally retarded. Our agency has attempted to work with the staff of this institution to develop a work evaluation and treatment center for both the residents of the Boulder River School and the residents of the State of Montana. Thus far, this service is not up to capacity, but shortly we feel that we will be able to use this school as a work evaluation unit. At the present time, we are conducting a project there during the summer months to evaluate a predetermined number of retarded young men and women during the summer. This effort has shown profound results and has enabled us to expand this to a twelve-month evaluation period.

The staffing of this institution is as competent as our salary schedule in the State of Montana will allow. The members of the staff do an excellent job.

The physical location of the institution presents a problem. Since it is in the country, it does not allow for community contact, resulting in the segregation of patients from the fields of employment. It is our hope that by increasing the productivity of the school itself, we will thus be able to increase its effectiveness.

The equipment within the school has been consistently updated and augmented through many cooperative agreements. The philosophy has changed to a rehabilitative philosophy from one of domiciliary care. It is my

Boulder River School

assessment that assistance from our agency in the field of equipment should continue until we bring it to the highest level possible. The Boulder River School in the past several years has expanded both in the fields of treatment and training. Every year the school is becoming more vocationally oriented while the placement of their residents has increased. It is our opinion that this should continue, and it is my recommendation that a great emphasis should be placed on the utilization of this training area as a work evaluation unit. However, it needs additional staff as well as additional equipment to enable this to be done. I am certain that with expansion grants many of these ideas can become realities.

*WARM SPRINGS STATE HOSPITAL**WARM SPRINGS, MONTANA**(Area 3)*

This facility is primarily concerned with the care and treatment of the mentally ill and the alcoholic in the State of Montana. As I perceive it, its main function is one of institutional care. The amount of rehabilitative treatment given at the State Hospital is probably more by accident than by design.

This facility is grossly understaffed. There are, at any given time, several psychiatrists, several psychologists, some social workers, and this is not adequate to render any type of formal treatment whatsoever. The staff, though inadequate and unstable in terms of numbers, does the best job possible under the conditions, but in order to really fulfill a need, the staff has got to be greatly improved.

The physical plant itself has not been much improved for many years. With the exception of a new building this year and their receiving hospital which is relatively new, the plant generally is in sad need of repair. The treatment facilities are still ancient and as a result, the care and treatment leaves much to be desired.

Most of the equipment on the grounds can be utilized for vocational training as well as treatment in many of the areas; but, because of the gross shortage of staff, it is almost impossible for the administration to allow any of the staff to enter into a vocational evaluation or vocational training

Warm Springs State Hospital

program. It is my feeling that the State of Montana has a real obligation to attempt to staff and equip this facility so that at some juncture it can be used to rehabilitate patients at the State Hospital. I am certain that there are many people in the hospital who, with the proper care and treatment, can be successfully trained or placed in employment.

Much the same judgment is made concerning the Alcoholics Service Center which is on the grounds at the State Hospital. It is grossly understaffed and in poor physical surroundings, so that rehabilitation comes by accident more than by intention. This, of course, is a problem for the Board of Institutions and the people of Montana; but for a successful rehabilitation program, I feel that these two facilities must have some overall, general improvement.

*SHODAIR CRIPPLED CHILDREN'S HOSPITAL**HELENA, MONTANA**(Area 3)*

This hospital is primarily designed and utilized for the care and treatment of the handicapped youth of this area. It has a staffing oriented primarily for the orthopedically handicapped and originally came into being during the era of polio. This hospital functions quite well in its chosen field and some steps could be taken to broaden its scope, perhaps in regard to the ages of the children treated, which presently is from infancy to sixteen years, as well as in the type of treatment offered.

The hospital itself is fairly well-equipped and staffed to do a better than average job for the children that they have.

I am in complete agreement with the intended expansion of this facility which is, incidentally, in the planning stage. Perhaps a new section of the hospital will be set aside as a rehabilitation wing, with the necessary staff, equipment and facilities to take care of this. I feel this facility should be made available to a larger age range as this particular area does not have anything remotely close to a rehabilitation treatment center. This hospital has the potentiality of growing into this type of facility.

DEPARTMENT OF HEALTH - SPEECH AND HEARING CLINIC

HELENA, MONTANA

(Area 3)

The services provided by this facility are diagnostic and treatment in nature. They have done an excellent job for our agency.

This facility had been staffed by one of the State's more competent audiologists and has helped our agency solve a great number of problems in diagnosis, and has aided especially in the purchase of hearing devices.

The services of this particular facility undoubtedly will expand, as will our engagement of services from them.

BUTTE SHELTERED WORKSHOP

BUTTE, MONTANA

(Area 3)

The services provided by this facility are primarily work and evaluation at the present time. The evaluation aspect of this facility is just beginning to manifest itself and is at present in a very early stage of development.

The school is staffed primarily by one well-trained individual who serves as trainer, director and administrator of the entire program; he is doing an excellent job at present. The facility itself is having financial problems and this, of course, is going to be an even greater problem. The Division of Vocational Rehabilitation has implemented two special projects there to increase the staff at this facility; as a result, we have placed four personnel there, one as a bookkeeper and three as trainers. This action has helped immeasurably, and this type of support will have to continue.

The physical plant itself has been remodeled and the staff at the Sheltered Workshop are continuously seeking to make it a much better place to work. The equipment they have is good; however, it can be improved, particularly with additional equipment specially designed for working with handicapped people.

This facility is primarily for mentally retarded clients. It is my judgment that this type facility should be utilized by all disability groups in the area to get the full benefit of the type of training that is available.

Butte Sheltered Workshop

The actual work production from this sheltered workshop could be greatly enhanced by using other disability groups, such as the orthopedically handicapped, the blind; in fact, the entire gambit of the disabled. This is one recommendation that our agency is going to have to initiate in order to bring this workshop to a level which would benefit the entire state. I am certain that our agency can implement this process.

EASTERN MONTANA COLLEGE COUNSELING CENTER

BILLINGS, MONTANA

(Area 4)

This facility is primarily designed to render testing and counseling to our clients in the eastern part of the State of Montana. In this capacity they do an excellent job. It is my feeling that the College services and staff, as well as the general facility itself, is growing perhaps as rapidly as any facility within the State of Montana, and its services are keeping current with these areas.

*CENTER FOR CRIPPLED CHILDREN**EASTERN MONTANA COLLEGE**BILLINGS, MONTANA**(Area 4)*

This facility is a cooperative venture between the Department of Health, the State of Montana, Eastern Montana College, and Billings School District No. 1. Services are rendered here primarily to the crippled children of that area. In this regard, an excellent job is performed. The facility is well-staffed having a great deal of consultative staff in the Special Education Department at Eastern Montana College as well as the Psychology Department. There are physical therapists, occupational therapists, psychological service, psychiatric consultation, and speech and hearing services available. This, in my opinion, has the basis for an excellent facility. The only problem that is involved in receiving service from this agency is that it is primarily set aside for assisting people only up to the age of 21. If someone from this facility ever initiates a program to expand their services to cover the adult, it could evolve into a fine rehabilitation facility.

Also, on the campus of Eastern Montana College is the Speech and Hearing Clinic. This unit is coordinated by the Board of Health and does an excellent job of audiological examinations as well as therapeutic speech.

*HANDICAPPED, INCORPORATED**BILLINGS, MONTANA**(Area 4)*

This workshop was created some time ago by handicapped individuals to aid other handicapped individuals. The prime objective is to provide workshop-type work for the handicapped people of Yellowstone County. There is a great range of work within the particular workshop, such as carpentry, upholstery, small appliance repair, as well as many areas of work which could easily be utilized by this agency in conducting work experience or work evaluation programs. The agency has for some time attempted to initiate a program of this nature, but without any success, simply because their board is primarily not interested in this type of facility.

The staff here is made up primarily of handicapped people whose major function is that of producing. At present, there is no trained work evaluator although I am certain that some members of the staff with a minimum amount of instruction could be taught to perform these duties.

The physical plant itself is perhaps not totally adequate, but it does serve the purpose and serves it very well. There is abundant space if it were properly used; in addition, there is a great deal of equipment therein. This equipment, though not up-to-date, could be more properly utilized as training equipment. Additional equipment would be necessary, I am certain, but when this facility desires to make some changes in their basic policies, I am sure our agency can be of some assistance to them.

Handicapped, Incorporated

I would recommend that this workshop change its structure so that it could be more compatible with the needs of this agency. The workshop itself is controlled by a board composed of a director and some employees of Handicapped, Incorporated. Therefore, it is impossible to promote any change within that facility to assist them to become a work evaluation unit of any nature. Members of the staff have, in the past, discussed this matter of change at great length with their board in hopes of promoting some change, but thus far nothing in the nature of change has ever developed. It is my conviction and very strong hope that, with community support and action, there will come a time when this particular facility will initiate a program that would be in a position to render services to our agency.

REGION NUMBER 5

Region Number 5 is, by far, the largest region within the State. It covers some 47,957 square miles with a rather small population of 107,000 people. Within that region there are no facilities at present being used by our agency. I am not certain, at the present time, whether this region can financially support a big facility, but it seems reasonable to me to assume that there are several communities within this area that would and could support satellite rehabilitative facilities from some of our larger ones. I am certain that the people who live within this region would be more than happy to receive any facility that would be beneficial to their needful people, and they would with great enthusiasm support any venture which is realistically sound in their eyes.

UTILIZATION OF REHABILITATION FACILITIES AND WORKSHOPSWITHIN THE STATE OF MONTANAFORM VRA 32

As is evident from the data available, the Division of Vocational Rehabilitation is not able to utilize rehabilitation facilities within the State of Montana anywhere near the degree that is necessary mainly because the State is grossly lacking in these facilities. There is not a comprehensive rehabilitation facility within the State. This situation, of course, makes it imperative for every severely disabled individual, whether physical or mental, to be transported great distances to receive the necessary services. At the present time there are two workshops in the State. Both of these are in dire need of improvement. In the case of each, a change in philosophy of assisting the handicapped would have to take place before our agency could greatly utilize their services. The Butte Sheltered Workshop would first have to develop the multi-disability concept before this facility can be expanded and utilized to its utmost. The workshop, at the present time, is limited to the mentally retarded and no doubt is limited to Butte and surrounding areas. The workshop in Billings is a multi-disability workshop, but the administration of this workshop is incompatible with the philosophy of Vocational Rehabilitation. When and if a shift in direction takes place, this agency could be of great assistance. The Easter Seal Rehabilitation Center in Great

*Utilization of Rehabilitation
Facilities and Workshops*

Falls has done a good job, but they also can use a certain amount of additional support. It is possible, as a result of this survey, to clearly indicate our real needs, which I believe are in the field of workshops, rehabilitation centers, and half-way houses, and to logically attack this problem with all of the resources within the State of Montana. I feel certain that within the next five years, most of the problems in facilities can be at least minimized. Montana is a very large state, and as a result of the vastness, I feel regional planning is of the utmost importance. Therefore, with the results of the data available on the preceding pages, we shall make recommendations.

DESCRIPTION OF REHABILITATION FACILITIES NEEDED

The Advisory Committee on Rehabilitation Facilities and Workshops definitely acknowledges that in order to establish the priority of necessary facilities, a good working knowledge of existing and available facilities and their condition should first be acquired.

In March The Advisory Committee met at the Easter Seal Rehabilitation Center in Great Falls and were given a tour of that facility as well as the Cascade County Hospital. As a result, a definition for a comprehensive rehabilitation center was arrived at. In addition, the need for such centers was discussed. At this meeting the base-satellite concept for facilities was first inaugurated. As a result of this meeting it was felt that a unanimity in statewide thinking on this matter must be arrived at in order to establish any reasonable plan.

In April the Advisory Committee met in Butte, Montana, to discuss workshops. Mr. Ron Hampton of the Opportunities Workshops of Lexington; and Mr. Marv Healy, of the Opportunity Workshops, Inc., of Minneapolis, were invited to explain the various functions of a workshop. This meeting was very enlightening and very educational to the Committee. It culminated in an acknowledgment that Montana has a great need in this area and that in order to take care of this need, some basic economics of business must be discussed. The Advisory Committee was taken on a tour of the Butte Sheltered Workshop, where the needs of this facility were made clear.

*Description of Rehabilitation
Facilities Needed*

In May the Advisory Committee met in Billings. Mrs. Margaret Rudolph of the Granville House in St. Paul, Minnesota, was a guest speaker, as well as Mr. Russell Haase, Supervisor for Half-way Houses in Denver, Colorado. These people spoke on the theory and activity of half-way houses, the various functions of each, how they are operated and financed, and other related matters. As a result of this meeting, the Facilities Advisory Committee divided into subcommittees to study further the needs of the State of Montana in the areas of: (1) sheltered workshops, (2) half-way houses, and (3) comprehensive rehabilitation centers. The final result of these meetings are the following recommendations:

- 1. A base-satellite concept is one having a system of interrelated but autonomous facilities functioning together within the State to overcome the many problems which are inherent in a rural state such as Montana. A base facility is located in an area that can support it. The satellites of this large facility are to be located in outlying areas. It is definitely felt by the Advisory Committee that the State of Montana cannot support several comprehensive rehabilitation centers or several large workshops or several disability half-way houses. The solution to this problem is to have one (by 1971), and possibly two (by 1980), large comprehensive rehabilitation centers with treatment centers as satellite facilities. The same would be true with workshops, that is, to have three or four large sheltered workshops in largely populated areas with*

*Description of Rehabilitation
Facilities Needed*

1. (Continued) smaller ones as satellites.

In the field of half-way or recovery houses, it has been recommended that a pilot study be initiated to test the feasibility of a multi-disability half-way house. A house of this nature could possibly encompass the treated alcoholic, the ex-convict, a treated mental patient, or perhaps some of the physically handicapped. This experimental type of facility would be mainly to test the usefulness of the multi-disability concept. If this concept does not work, perhaps special half-way houses to deal with special disabilities should be continued or initiated; for example, the Half-way House for Alcoholics already in existence in Helena; the Half-way House for Public Offenders in Billings, and the Half-way House for Mentally Ill in Great Falls--both in the planning stages. Inherent in this idea is the possibility that one facility would be able to refer special problems to the facility that handled these particular problems; also, that there be sharing of key staff people throughout the state, both for treatment and staff in-service training.

2. To facilitate a base-satellite concept within the State of Montana, a federation would be established made up of board members representing all related facilities within the State of Montana. They should meet on a statewide basis to exchange ideas. Some of the following problems should be discussed and solved by this federation:

*Description of Rehabilitation
Facilities Needed*

2. (Continued)

- a. Complete reciprocity of referrals based on the determination of which the facility can best meet the needs of the client.*
 - b. Exchange and utilization of staff in central training of all staff.*
 - c. Transfers of certain work orders on a subcontract basis between workshops.*
 - d. Complete organizational autonomy of local boards in policy matters, board selection, and the like.*
 - e. Other coordinating activities as needs arise.*
- 3. The various supporting professions in the State should promote better utilization and encourage growth of facilities within the whole State of Montana, not just within the particular areas. An information center should be established to disseminate information on facilities and services.*
- 4. That all facilities and planning for the facilities should take into account the previous plans, for example the mental health unit, and the mental retardation plan. The facilities to be constructed should be where the mental health centers, for instance, are easily accessible so that the utilization of their staff can be an asset to any facility.*
- 5. It should be emphasized that any discussion of initiation of a half-way house for special disability groups should first involve*

*Description of Rehabilitation
Facilities Needed*

5. (Continued) the problem of treatment of the special disability groups, and that the definition of a half-way house be firmly established in any planner's mind. As far as this survey is concerned, a half-way house is primarily a place of residence and supportive counseling; it is not a place of treatment. This idea pre-supposes that any resident within a half-way house has undergone a period of treatment; and it is felt that he will be able to reside in an unsupervised setting supported through his employment until he is able to set up residence in society on his own.

6. Committees interested in initiating a base facility should indicate their ability to meet the following criteria:
- a. Concentration of population.
 - b. Concentration of industry and business.
 - c. Agencies available to provide supportive services.

(Services which may be needed are, in the case of a workshop, a strong psychological society within the area; and in a comprehensive rehabilitation center a strong medical society with the various specialties represented; and in the case of a half-way house, a strong peer group so that the individuals within the half-way house would have someone to support them. These are just examples, of course.)

*Description of Rehabilitation
Facilities Needed*

6. (Continued)

- d. Presence of a Division of Vocational Rehabilitation Office,
active or planned.
- e. Transportation and communication facilities.
- f. Available housing.

7. That a facilities committee be drawn up to serve as an advisory committee for the Division of Vocational Rehabilitation on matters concerning facilities. This committee would serve the State Director and the Division's Facilities Specialist.

The above recommendations are made so that a system of facilities within the State can function as a whole, and thus be better able to serve the disabled in the State of Montana.

In the discussion of priorities by the Facilities Advisory Committee, the following recommendations were made, with completion of these facilities by 1973 at the latest:

- 1. A comprehensive rehabilitation center somewhere in Montana that meets the above mentioned criteria.
- 2. Development of at least one workshop that offers evaluative services for multi-disabilities.
- 3. That Vocational Rehabilitation provide support to the workshops that are now in existence or planned which are willing to associate themselves with the base-satellite concept and the philosophy of Vocational Rehabilitation.

*Description of Rehabilitation
Facilities Needed*

4. All state supported facilities will work within the concept of Vocational Rehabilitation.
5. That the facilities committee meet to work on a long-range facility plan to cover the next ten to fifteen years. The following concepts to be discussed by the committee are the following:
 - a. Two comprehensive rehabilitation centers in the State of Montana, with four treatment centers as satellites of these.
 - b. Three major workshops which should be large, well-staffed, and with work evaluation facilities.
 - c. Six satellite workshops working from the three major ones.
 - d. Six half-way houses: two for alcoholics, one for multi-disabilities, one for mentally ill patients, and two for the mentally retarded.

APPENDIX - TABLE OF CODES

(Codes Used on Inventory Form VRA 31)

Column 3

- A. City
- B. County
- C. State - Vocational Rehabilitation Agency
- D. Other State
- E. Other Public
- F. Community Non-Profit Association
- G. Church Affiliated
- H. Other Non-Profit

Column 4

- A. Own
- B. Rent or Lease
- C. Rent Free

Column 5

- 200 - Deafness, Unable to Talk
- 220 - Other Hearing Impairments
- 300 - Cerebral Palsy
- 314 - Poliomyelitis
- 330 - Arthritis and Rheumatism
- 336 - Multiple Sclerosis
- 337 - Parkinson's Disease
- 392 - C.V.A. Stroke
- 404 - Amputees - Disease
- 409 - Amputees - Accident
- 500 - Psychotic Disorders
- 522 - Personality and Behavior Disorders
- 530 - Mental Retardation - Mild
- 532 - Mental Retardation - Moderate
- 534 - Mental Retardation - Severe
- 680 - Cleft Palate with Speech Imperfections
- 682 - Stammering and Stuttering
- 685 - Aphasia
- 689 - Other Speech Impairments

*Appendix**Column 6*

- A. Physical and Medical Evaluation*
- B. Medical Management*
- C. Physical Therapy*
- D. Occupational Therapy*
- E. Speech and Hearing Services*
- F. Medical Consultations*
- G. Psychological Services, Diagnostic and Treatment*
- H. Social Services*
- I. Vocational Evaluation*
- J. Pre-Vocational and Vocational Training*
- K. Vocational Counseling - Rehabilitation Counseling*
- L. Personal Adjustment Training - Including Mobility*
- M. Job Conditioning*
- N. Job Placement*
- O. Extended Employment*
- P. Transitional Employment*
- Q. Other - Indicated in Narrative Statement*

